

Methodology

Psychiatrist data contained in this brief are from the North Carolina Health Professions Data System and are derived from licensure information collected by the North Carolina Medical Board. Physicians in North Carolina are required to renew their licenses annually and to report their specialty, practice locations and other employment characteristics. In this brief, the term “psychiatrist” refers to physicians reporting a specialty of psychiatry, child psychiatry, psychoanalysis, psychosomatic medicine, addiction/chemical dependency, forensic psychiatry or geriatric psychiatry. Child psychiatrists are those physicians reporting a specialty in child psychiatry.

In 2004, 1,030 physicians reported a primary specialty in psychiatry and an additional 31 physicians claimed a primary specialty in a non-psychiatric field but a secondary specialty in psychiatry (27), child psychiatry (2) or forensic psychiatry (2). In addition to their primary practice location, physicians can report up to three practice locations on their annual licensure form. Of the 1,061 physicians reporting a primary or secondary specialty in psychiatry, all had a primary practice location where they worked an average of 34.7 hours per week, 303 had a secondary practice location where they practiced an average of 13 hours per week and 81 had a tertiary practice location where they averaged 8 hours per week. In 2004, 93 physicians reported a primary specialty in child psychiatry and additional 130 reported a secondary specialty in child psychiatry. All 223 reported a primary practice location where they practiced an average of 35 hours per week, 68 had a secondary practice location in which they worked an average of 15 hours per week and 21 had a third location where they practiced an average of 8 hours per week.

All maps in this brief account for physicians with a primary or secondary specialty in psychiatry or child psychiatry and also for multiple practice locations. Full-time equivalents are calculated by allocating the proportion of each psychiatrist’s total hours spent in each of three possible practice locations.

References

1. Kessler et al (2005). Prevalence and Treatment of Mental Disorders. *N Engl J Med* 352:2515-2523. Accessed November 14, 2005 from <http://content.nejm.org/cgi/reprint/352/24/2515.pdf>
2. Williams et al (2004). Diagnosis and Treatment of Behavioral Health Disorders in Pediatric Practice. *Pediatrics* 114(3):601-606. Accessed November 14, 2005 from <http://www.pediatrics.org/cgi/content/full/114/3/601>
3. Kessler et al (2005). Prevalence and Treatment of Mental Disorders. *N Engl J Med* 352:2515-2523. Accessed November 14, 2005 from <http://content.nejm.org/cgi/reprint/352/24/2515.pdf>
4. Area Resource File 2004 (based on 2001 AMA data). Note that this national data source gives a slightly different ratio than that seen elsewhere in this publication (based on North Carolina licensure data).
5. 2003 North Carolina Physicians: Residency and Medical School Training Fact Sheet, N.C. Health Professions Data System, Cecil G. Sheps Center for Health Services Research, available at <http://www.shepscenter.unc.edu/hp/publications.htm>
6. Bureau of Health Professions, Health Resources and Services Administration. Accessed January 9, 2006 from <http://bhpr.hrsa.gov/shortage/hpsaguidement.htm>
7. Weintraub, Walter; Nyman, Gary; Harbin, Henry. The Maryland Plan: The rest of the story. *Hospital & Community Psychiatry*. Vol 42(1) Jan 1991, 52-55

Sources for Figures 1-6

LINC, 2005; NC DHHS, MHDDSAS, 2005. North Carolina Health Professions Data System, 2004, with data derived from the North Carolina Medical Board.

Data include active, instate, non-federal physicians claiming a primary specialty of psychiatry, child psychiatry, psychoanalysis, psychosomatic medicine, addiction/chemical dependency, forensic psychiatry or geriatric psychiatry.